

S 1356

Medicare Value Purchasing Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 30, 2005

Current Status: Sponsor introductory remarks on measure. (CR S8546)

Latest Action: Sponsor introductory remarks on measure. (CR S8546) (Jul 20, 2005)

Official Text: <https://www.congress.gov/bill/109th-congress/senate-bill/1356>

Sponsor

Name: Sen. Grassley, Chuck [R-IA]

Party: Republican • **State:** IA • **Chamber:** Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Baucus, Max [D-MT]	D · MT		Jun 30, 2005
Sen. Enzi, Michael B. [R-WY]	R · WY		Jun 30, 2005
Sen. Kennedy, Edward M. [D-MA]	D · MA		Jun 30, 2005
Sen. Hagel, Chuck [R-NE]	R · NE		Jul 21, 2005
Sen. Murray, Patty [D-WA]	D · WA		Jul 27, 2005

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 30, 2005

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Value Purchasing (MVP) Act of 2005 - Amends title XVIII (Medicare) to add a new part E (Value-Based Purchasing) under which the Secretary of Health and Human Services shall develop measurement systems to provide value-based payments to: (1) hospitals; (2) physicians and practitioners; (3) health plans; (4) end stage renal disease (ESRD) providers and facilities; and (5) home health agencies.

Directs the Medicare Payment Advisory Commission (MEDPAC) to study how the Medicare value-based purchasing programs will impact Medicare beneficiaries, Medicare providers, and the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund.

Directs the Secretary to establish a program under which value-based payments are provided each fiscal year to hospitals that demonstrate a high quality health care for inpatients entitled to benefits under Medicare part A (Hospital Insurance).

Directs the Secretary to make a value-based payment to a hospital with respect to a fiscal year if the Secretary determines that the quality of the care provided in that year to Medicare inpatients: (1) has substantially improved over the prior year; or (2) exceeds a threshold established by the Secretary.

Prescribes a formula for the amount of such value-based payments, ranging from 1% of their Medicare payments for FY2007 by specified increments up to 2% for FY2011 and after.

Directs the MEDPAC to study and report to Congress and the Secretary on the advisability and feasibility of establishing Medicare value-based purchasing programs, including ones for prescription drugs and renal dialysis facilities.

Directs the Secretary to establish: (1) a Medicare value-based purchasing demonstration program for critical access hospitals; and (2) a demonstration project to determine the threshold amount of information technology connectivity necessary to improve the ability of rural and frontier physicians and practitioners to collect and use quality of care data.

Outlines a Medicare Advantage Plans value-based purchasing program.

Amends the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to direct the Secretary to implement a value-based purchasing program for providers and facilities participating in the demonstration of bundled case-mix adjusted payment system for ESRD services.

Requires the Secretary to establish chronic kidney disease demonstration projects.

Outlines a value-based purchasing program for home health agencies and for skilled nursing facilities.

Directs the Secretary to study and report to Congress on appropriate measures to evaluate the quality of health care provided by skilled nursing facilities to Medicare patients.

Provides for a national health information network pilot project.

Requires the Secretary to study and report to Congress on telehealth and telemedicine.

Actions Timeline

- **Jul 20, 2005:** Sponsor introductory remarks on measure. (CR S8546)
- **Jun 30, 2005:** Introduced in Senate
- **Jun 30, 2005:** Sponsor introductory remarks on measure. (CR 7/1/2005 S7848-7849)
- **Jun 30, 2005:** Read twice and referred to the Committee on Finance.